

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90046 012 \*\*\*\*61.25

<b>DOCUMENT # 724372</b> 1. Entity Name IMPERIAL COVE CONDOMINIUM VIII ASSOCIATION, INC.					
Principal Place of Business 19029 US 19 NORTH CLEARWATER, FL 33764 US				Mailing Address 19029 US 19 NORTH CLEARWATER, FL 33764 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLORIDA COMM. PROPERTY MANAGEMENT FLORIDA COMM. PROPERTY MANAGEMENT 8141 54TH AVE NO CLEARWATER, FL 33764				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDLE, ED		NAME	Henney, Ray	
STREET ADDRESS	19029 US 19 N. 8-24		STREET ADDRESS	19029 US 19 N 8-8	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUTZENDORF, ALICE		NAME	Spaulding, Jerry	
STREET ADDRESS	19029 US 19 N 8-9		STREET ADDRESS	19029 US 19 N 8-10	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNEY, RAY		NAME	Lodge, Roy	
STREET ADDRESS	19029 US HWY 19 N, 8-8		STREET ADDRESS	19029 US 19 N 8-31	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODGE, ROY		NAME	Hindle, Ed	
STREET ADDRESS	19029 US HWY 19 N, 8-31		STREET ADDRESS	19029 US 19 N 8-24	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater FL 33764	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSBURY, JOE		NAME	Deramo, Joe	
STREET ADDRESS	19029 US HWY 19 N 8-30		STREET ADDRESS	19029 US 19 N 8-13	
CITY-ST-ZIP	CLEARWATER, FL 33764		CITY-ST-ZIP	Clearwater FL 33764	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>C.E. Hindle</u> <b>charles E. Hindle</b>			4.7.08 727 536 2474		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		